

APPLICATION FOR FLU SHOT RANDOM SELECTION

SALEM COUNTY HEALTH DEPARTMENT (856) 935-7510 ext. 8477

OPEN TO SALEM COUNTY RESIDENTS ONLY

I am submitting my name to be considered for random selection to be given a flu shot from County Health Department. I realize I may not receive a flu shot. This is only an application to be part of the random selection process for limited flu doses available. A separate application must be sent in for each person applying. Do not send in more than one form per person.

If you are chosen, and only if you are chosen, you will be notified by mail telling you what you need to bring and when and where to report. If you are chosen and have a chronic medical condition or are pregnant, you must bring a note from your doctor with your diagnosis. You will need to arrange your own transportation to the place where you will be given the shot; the County Health Department cannot provide home visits or arrange transportation.

Mail this application to: Flu Shots, Salem County Health Department, 98 Market Street, Salem, NJ 08079.
APPLICATIONS MUST BE RECEIVED BY 4:00PM ON FRIDAY, NOVEMBER 12, 2004.

I am at high risk, as defined by CDC & NJ State Law, because of following: (check all that apply)			
<input type="checkbox"/>	I am 65 years old or older.		
<input type="checkbox"/>	I am currently pregnant.		
<input type="checkbox"/>	I have a long term health problem (such as heart disease, kidney disease, lung disease, chronic asthma, diabetes, anemia, or weakened immune system). [DOCTOR'S NOTE WITH DIAGNOSIS WILL BE REQUIRED WHEN YOU RECEIVE THE SHOT.]		
<input type="checkbox"/>	I live in a nursing home or long term care facility.		
<input type="checkbox"/>	I am a healthcare worker involved in direct, hands-on, face-to-face patient care.		
<input type="checkbox"/>	I live with or care for one or more children less than 6 months of age.		
<input type="checkbox"/>	The person applying for the dose (listed below) is between 6 months and 23 months old.		
<input type="checkbox"/>	The person applying for the dose (listed below) is a child 2 years old or older and living with one or more children less than 6 months old.		
DO NOT APPLY IF:			
<input type="checkbox"/>	I am 64 years old or younger and am in good health.		
<input type="checkbox"/>	The person applying for the dose (listed below) is a child 2 years old or older and in good health.		
<input type="checkbox"/>	Person applying for dose (listed below) is allergic to chicken eggs, chicken, or has had a serious reaction to a flu shot.		
<input type="checkbox"/>	I have a history of Guillain-Barre Syndrome.		
PLEASE PRINT LEGIBLY:			
Name		Daytime phone	Date of Birth
			Social Security #
Mailing Address		Street address	Township where taxes are paid